

10/553590

ENT NUMBER and
ISSUE DATE

APPLICATION NUMBER	FILING DATE	CLASS	SUBCLASS	GROUP ART UNIT	EXAMINER
		277		3676	

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NOTICE OF ALLOWANCE MAILED		Assistant Examiner	CLAIMS ALLOWED	
Amount Due.	Date Paid		Total Claims	Print Claim for O.G
ISSUE FEE		Primary Examiner	DRAWING	
			Sheets Drwg.	Figs.Drwg.
<input type="checkbox"/> TERMINAL DISCLAIMER		Application Examiner		
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